

New Hampshire WIC Contract/Standard & Special Formulas

The NH WIC Program is mandated through federal regulations to have an infant formula contract for cost containment measures. Our current sole source contract is with Abbott. **Abbott's Similac Advance, Similac Sensitive, Total Comfort and Similac Soy Isomil*** are our standard iron-fortified milk and soy-based formula for healthy infants during the first year of life.

The NH WIC Program does not provide other standard milk and soy-based infant formulas under any circumstances. Although small differences in protein, fat and carbohydrate exist among all standard formulas, there are no medically proven advantages of one particular brand over another. We remain committed to providing the best nutrition care to young infants and children, while at the same time providing the most cost effective utilization of funds for all WIC participants.

Special, additional standard/contract formulas

The WIC Program provides special formulas and additional standard formula to participants with documented qualifying medical conditions. Examples of qualifying medical or dietary conditions for special formulas include but are not limited to, inborn errors of metabolism, low birth weight, prematurity or failure to thrive. Special formulas are protein hydrolysate, hypercaloric, elemental, or metabolic formulas. Additional standard formula may be provided for infants 6-12 months medically requiring a delay of solid foods; for these infants, additional standard formula is provided in lieu of infant foods normally provide at this time.

A Request for Special Formula form(RSF), and a Request for *STANDARD* formula w/o foods form (RSF w/o foods) were created by the WIC Program that includes the necessary documentation required per federal regulations, the NH WIC Program and when applicable the Medicaid Program. These forms may be found on the DHHS website at: [WIC for Healthcare Providers | New Hampshire Department of Health and Human Services \(nh.gov\)](#) under Healthcare Provider Resources.

Documentation requirements included in the RSF and RSF w/o foods forms:

- Participant's name and date of birth.
- Qualifying condition(s) with ICD codes for the issuance of special formula or standard formula w/o foods
- Name of the authorized WIC formula prescribed including the amount needed per day.
- Length of time for the prescribed formula is required by the participant.
- Identification of supplemental foods not to be provided if the ordering HCP does not agree with the statement "I authorize the WIC nutritionist to determine the appropriate WIC supplemental foods, amounts and length of issuance required for the participant." on the RSF.
- Signature, date, and contact information of the prescribing health care provider--Medical Doctors/Physicians (MD), Doctors of Osteopathy (DO), Nurse Practitioners (NP) and Physician Assistants (PA).

The NH WIC Program continues to coordinate with the New Hampshire Medicaid Program for the provision of special formulas for dually enrolled participants of both programs. For dually enrolled participants on WIC and Medicaid, NH Medicaid/Managed Care Organization (MCO) determines and provides special formulas. Healthcare providers should work directly with the participant's MCO for the requirements/additional forms/prior authorization for the provision of special formulas. Because WIC may need to provide the special formula prescribed temporarily, a completed WIC Request for Special Formula form is needed.

Medical documentation is valid for up to 12 months for special formula; up to 3 months for additional standard formula w/o foods. Requests for formula are subject to WIC approval and the continued need for a formula will be re-evaluated on a periodic basis.

*Requires a medical note/approval to be provided to premature infants.

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Qualifying and Non-Qualifying Conditions for Issuance of WIC-Approved Special Formula

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ul style="list-style-type: none"> ● Premature birth ● Low birth weight ● Failure to thrive ● Inborn errors of metabolism/metabolic disorders ● Gastrointestinal disorders ● Malabsorption syndrome ● Immune system disorders ● Severe food allergies requiring an elemental formula ● Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ul style="list-style-type: none"> ● Non-specific formula or food intolerance ● Diagnosed formula intolerance or food allergy to milk protein or soy protein that does not require use of a special formula ● K59.0 Constipation, unspecified ● P92.9 Feeding problems in newborn ● R63.3 Feeding difficulties and mismanagement ● R14.3-Flatulence, R14.2-eructation, and R14.1 gas pain ● R19.7 Diarrhea ● R10.9 Abdominal pain-colic ● R68.12 Fussy baby
Children	<ul style="list-style-type: none"> ● Premature birth ● Low birth weight ● Failure to thrive ● Inborn errors of metabolism/metabolic disorders ● Gastrointestinal disorders ● Malabsorption syndrome ● Immune system disorders ● Severe food allergies requiring an elemental formula ● Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ul style="list-style-type: none"> ● Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages ● Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition
Women	<ul style="list-style-type: none"> ● Inborn errors of metabolism/metabolic disorders ● Gastrointestinal disorders ● Malabsorption syndrome ● Immune system disorders ● Severe food allergies requiring an elemental formula ● Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ul style="list-style-type: none"> ● Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages ● Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

Non-Qualifying Condition ICD Codes that WILL NOT BE ACCEPTED for Special formula

Reasons such as "intolerance," "colic," "spitting up," "fussy," "gas," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

R10.9 Abdominal pain-Colic	P92.9 Feeding problems in newborn	R14.3 Flatulence	R68.12 Fussy baby
K59.0 Constipation, unspecified	R63.3 Feeding difficulties and mismanagement	R14.2 Eructation	
R19.7 Diarrhea		R14.1 Gas pain	

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New Hampshire WIC Supplemental Food Packages and Maximum Quantities for Women, Infants and Children receiving Contract/Standard or Special Formula

WIC participants are provided the foods listed below per nutritionist assessment, unless foods are documented as not allowed on the “supplemental foods” section of the “Request for Special Formula” (RSF) form. Medical documentation may also be provided for additional STANDARD formula in lieu of infant foods for infants 6-12 month medically requiring a delay of solid foods—a “Request for STANDARD FORMULA no foods” (RSF-no foods) form is available for this purpose.

Infants birth through 12 months				
Contract or Special Formula	Infants 0-3 months	Infants 4-5 months	Infants 6-12 months	Infants 6-12 months on Special formula (or standard w/ medical dx) when all infant foods are not allowed
Powder (reconstituted)	Up to 870 fluid ounces/month	Up to 960 fluid ounces/month	Up to 696 fluid ounces/month	Up to 960 fluid ounces/month
Concentrate (reconstituted)	Up to 806 fluid ounces/month	Up to 884 fluid ounces/month	Up to 624 fluid ounces/month	Up to 884 fluid ounces/month
Ready to feed	Up to 832 fluid ounces/month	Up to 896 fluid ounces/month	Up to 640 fluid ounces/month	Up to 896 fluid ounces/month
Infant Foods				
Infant cereal	None	None	24 ounces cereal	None, solids are contraindicated based on medical condition.
Infant fruits and vegetables*	None	None	32—4 ounce jars baby food fruits & vegetables*	None, solids are contraindicated based on medical condition.

* at 9-12 months infants may be provided \$4 cash value benefit for purchase of FRESH only fruits/vegetable and 16 ounce jars baby food fruits/vegetables.

Children 1-5 years and Women									
Foods	Children 1-5 years		Fully Breastfeeding Women	Partial Breastfeeding Women, with an infant receiving ~ < ½ a full formula package and Pregnant Women	Non-Breastfeeding Women				
Special Formula	Up to 910 fluid ounces/month		Up to 910 fluid ounces/month	Up to 910 fluid ounces/month	Up to 910 fluid ounces/month				
Milk/soymilk	3 gallons *		5 gallons *	4.5 gallons *	3 gallons *				
Cheese	1 #		2 #	1 #	1 #				
Yogurt	32 ounces		32 ounces	32 ounces	32 ounces				
Eggs	1 dozen		2 dozen	1 dozen	1 dozen				
Juice	128 ounces		144 ounces	144 ounces	96 ounces				
Breakfast cereal	36 ounces		36 ounces	36 ounces	36 ounces				
Whole grains	2# whole wheat—bread, pasta, tortillas, oatmeal or brown rice		1# whole wheat—bread, pasta, tortillas, oatmeal or brown rice	1# whole wheat—bread, pasta, tortillas, oatmeal or brown rice	None				
Cash value benefit fruits & vegetables	\$ 9.00		\$ 11.00	\$ 11.00	\$ 11.00				
Peanut butter	1 16-18 oz. jar	OR	1 16-18 oz. jar	&	1 16-18 oz. jar	&	1 16-18 oz. jar	OR	
Beans	4—16 oz. cans		4—16 oz. cans		4—16 oz. cans		4—16 oz. cans		
Fish	None		30 ounces tuna or salmon	None	None				

* tofu may be substituted for a portion of milk in limited amounts.

This institution is an equal opportunity provider